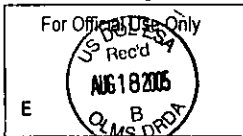


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9886</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>ANN</u> <u>E</u> <u>MARTIN</u> P O Box, Bldg, Room No, if any Street <u>742 COUNTY ROUTE 19</u> City <u>ELIZAVILLE</u> State <u>New York</u> ZIP Code + 4 <u>12523</u>	4 Name, file number, and address of labor organization Name <u>UNITED FEDERATION OF TEACHERS, LOCAL 2 AFL CIO</u> Labor Organization File Number <u>063-924</u> P O Box Building and Room Number, if any <u>11TH FLOOR</u> Street <u>52 BROADWAY</u> City <u>NEW YORK</u> State <u>New York</u> ZIP Code + 4 <u>10004</u>
5 Position in labor organization <u>ACCOUNTING MANAGER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests  
(except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name, if any P O Box, Bldg, Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)		
Signed <u>Ann E Martin</u>	On <u>8/8/05</u> Date	<u>212-598-9245</u> Telephone Number

Name of Person Filing ANN MARTIN	File Number U-
----------------------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<b>8 Name and address of Business (including trade name, if any)</b> Name BUCHBINDER TUNICK & COMPANY, LLP Trade Name, if any P O Box, Bldg, Room No, if any Street ONE PENNSYLVANIA PLAZA City NEW YORK State New York ZIP Code + 4 10119	<b>9 Business deals with</b> <input checked="" type="checkbox"/> a Labor Organization <input checked="" type="checkbox"/> b Trust <input type="checkbox"/> c Employer
<b>10 If 9 b or 9 c is checked give trust or employer's name</b> Name UNITED FEDERATION OF TEACHERS WELFARE FUND Trade Name, if any P O Box, Bldg, Room No, if any 52 BROADWAY Street City NEW YORK State New York ZIP Code + 4 10004	<b>11 a Nature of such dealing</b> PROVIDES AUDITING SERVICES TO THE UNION AND RELATED ORGANIZATION AND FUNDS <b>11 b Approximate dollar value of such dealing</b> \$243,000 <b>12 a Nature of interest held or income received</b> ATTENDED CONTINUING PROFESSIONAL EDUCATION COURSES FOR CPA LICENSE PROVIDED BY BUCHBINDER TUNICK & CO LLP <b>12 b Amount</b> \$197

<b>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</b>	
<b>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)</b> Name Trade Name if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	<b>14 a Nature of payment</b>
<b>13 b Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> ?	<b>14 b Amount of payment</b>